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HP122-02-009

U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT
REGIONAL MISSION FOR THE CENTRAL ASIAN REPUBLICS
KAZAKHSTAN, KYRGYZSTAN, TAJIKISTAN, TURKMENISTAN, & UZBEKISTAN

Director's Office, Acquisition & Assistance Section

Expanding Reproductive Health and Maternal and Child Health Services in Uzbekistan and Tajikistan"

Date issued: **June 27, 2002**

Closing Date: **July 8, 2002**

Closing Time: **10:00 AM (Almaty Time)**

Subject: **DRAFT VERSION FOR COMMENT - Request for Applications (RFA) Number HP122-02-009 "Expanding Reproductive Health and Maternal and Child Health Services in Uzbekistan and Tajikistan"**

The United States Agency for International Development (USAID) is seeking COMMENT from an organization/ consortium for funding a program entitled "Expanding Reproductive Health and Maternal and Child Health Services in Uzbekistan and Tajikistan". The USAID is continuing and deepening its support for reproductive health and maternal and child health through this Request for Applications (RFA). USAID will provide assistance to expand primary health care services particularly reproductive health to women and children in selected areas of Uzbekistan and Tajikistan. USAID anticipates making a single award, to a total of $7.4 million for three years. USAID may, at a later date, decide to extend this time period and add additional funding. Of this amount, approximately $5 million will be for Uzbekistan and approximately $2.4 million for Tajikistan. Applicants should include specifics in their applications on how they would allocate $500,000 for equipment from the Uzbekistan budget and $400,000 from the Tajikistan budget. A very small amount of funding will be available for limited activities in Turkmenistan. Applicants are not expected to include Turkmenistan in their technical proposal as the activities and funding will be decided at a later date.

Comments should be addressed to the Agreement Officer, Mr. John F. Lord.

Internet email:
AlmatyCO@usaid.gov

Facsimile:
1 (413) 771-5698 (US-based but worldwide access)

+7 (3272) 50-76-35 or 36

U.S. based mailing address:
7030 Almaty Place, DOS
Washington, DC 2051-7030

Street/delivery address:
Park Palace Building
41 Kazibek Bi Street
Almaty, 480100
Republic of Kazakhstan

Under this DRAFT RFA applicants are not requested to submit technical and cost portions of their applications.

Issuance of this DRAFT RFA does not constitute an award commitment on the part of the Government, nor does it commit the Government to pay for costs incurred in the preparation and submission of an application. Further, the Government reserves the right to reject any or all applications received. In addition, final award of any resultant grant(s) cannot be made until funds have been fully appropriated, allocated, and committed through internal USAID procedures. While it is anticipated that these procedures will be successfully completed, potential applicants are hereby notified of these requirements and conditions for award. Applications are submitted at the risk of the applicant; should circumstances prevent award of a cooperative agreement, all preparation and submission costs are at the applicant's expense.

The preferred method of distribution of USAID procurement information is via the Internet. This DRAFT RFA and any future amendments can be downloaded from the Federal Business Opportunities Web Site. The World Wide Web Address is http://www.fedbizops.gov. Receipt of this DRAFT RFA through INTERNET must be confirmed by written notification to the contact person noted below. It is the responsibility of the recipient of the application document to ensure that it has been received from INTERNET in its entirety and USAID bears no responsibility for data errors resulting from transmission or conversion processes.

In the event of an inconsistency between the documents comprising this DRAFT RFA, it shall be resolved by the following descending order of precedence:

(a) Section II - Selection Criteria;
(b) Section I - Grant Application Format;
(c) the Program Description;
(d) This Cover Letter.

Any questions concerning this DRAFT RFA should be submitted in writing to the Agreement Officer, at internet email AlmatyCO@usaid.gov, or via facsimile at 1 (413) 771-5698. Applicants should retain for their records one copy of all enclosures that accompany their application.

Sincerely,
John F. Lord
Agreement Officer
USAID/CAR Regional Mission

Table of Contents Page

SECTION A - GRANT APPLICATION FORMAT

PREPARATION GUIDELINES

All applications received by the deadline will be reviewed for responsiveness to the specifications outlined in these guidelines and the application format. Section II addresses the technical evaluation procedures for the applications. Applications that are submitted late or are incomplete run the risk of not being considered in the review process.

Applications shall be submitted in two separate parts: (a) technical and (b) cost or business application. If submitted in paper form technical portions of applications should be submitted in an original and 5 copies and cost portions of applications in an original and 5 copies.

The application should be prepared according to the structural format set forth below. Applications must be submitted no later than the date and time indicated on the cover page of this RFA, to the location indicated on page 2 of the cover letter accompanying this RFA.

Technical applications should be specific, complete and presented concisely. The applications should demonstrate the applicant's capabilities and expertise with respect to achieving the goals of this program. The applications should take into account the technical evaluation criteria found in Section II.

Applicants should retain for their records one copy of the application and all enclosures or attachments if via internet which accompany their application. Erasures or other changes must be initialed by the person signing the application. To facilitate the competitive review of the applications, USAID will consider only applications conforming to the format prescribed below.

TECHNICAL APPLICATION FORMAT

The Technical Application should contain the following sections: (a) Cover Page; (b) Application Summary; (c) Narrative; (d) Implementation Plan; and (e) two Annexes (Resumes and Letters of Commitment, and Past Performance References). Page limitations are specified below for each section; applications must be on 8-1/2 by 11 inch paper, single spaced, 10 pitch type or larger, and have at least one inch margins on the top, bottom, and both sides.

A. Cover Page: A single page with the names of the organizations/institutions involved in the proposed application, with the lead or primary Applicant clearly identified, then any proposed sub-grantees listed separately, including a brief narrative describing the unique capacities/skills being brought to the program by each sub-grantee. In addition, the Cover Page should include information about a contact person for the prime Applicant, including this individual's name (both typed and his/her signature), title or position with the organization/institution, address and telephone and fax numbers. Also state whether the contact person is the person with authority to contract for the Applicant, and if not, that person should also be listed.

B. Application Summary: The Application Summary shall not exceed two pages and should summarize the key elements of the Applicant's strategy, approach, and implementation plan. The Application Summary must be concise and accurate..

C. Narrative: In forty (40) pages or less, please describe your proposed strategy and approach and the experience and personnel capabilities of the Applicant excluding bio-data and other attachments. The narrative must be brief, concise, and provide a clear description of what the Applicant proposes to do, where, why, and with whom.

D. Implementation Plan: In up to five pages, please describe the implementation plan. This plan will be considered illustrative for the proposes of evaluating proposals; however, once the award is made, finalizing the implementation plan is a key activity.

Annexes

1. Resumes and Letters of Commitment

Applicants are to include in this Annex the resumes and letters of commitment for each individual who will work at least 25 percent of his/her time on the program. The resumes must be no more than two pages each, and the letters of commitment must not exceed a single page each.

2. Past Performance References for the period from FY 1999 to present.

Describe all contracts, grants, and cooperative agreements which the organization, both the primary Applicant as well as any substantive subgrantee, has implemented involving similar or related programs over the past three years.

Please include the following:

- Name and address of the organization for which the work was performed;
- Current telephone number of responsible representative of the organization for which the work was performed;
- Contract/grant name and number (if any), annual amount received for each of the last three years, and beginning and ending dates;
- Brief description of the project/assistance activity.

To facilitate the review of competitive applications, Applicants shall conform to the prescribed format presented in paragraphs A-D above, and carefully review the selection criteria presented in Section B. In preparing your individual technical application attention should be given to the following information.

1. Technical Approach and Strategy

Introduction

In this proposed activity, USAID is supporting maternal and child health/reproductive health across levels of care to improve the health of women and children. In health reform the process has focused mainly at the primary health care level. This program not only will support services at the primary health care level, but it will provide assistance at secondary levels of care where the baby is born and at the community level to ensure well-informed clients. To maximize the effective of this program, it will build upon and consolidate existing programs and activities such as safe motherhood, ICMI, PEPC, and anemia.
The program will work to change perceptions of how MCH/RH should be delivered, i.e., from the Soviet model to one of quality family-centered care based on modern standards, and management approaches that support staff to provide family-friendly client service.

a.. Informed Population

Given the nature of both Uzbekistan and Tajikistan's governments, many community systems are in a state of flux. However, it is also a time of great growth for community autonomy, particularly in areas such as strengthening the ability of the community to work together to problem solve, women's empowerment, and increasing the population's awareness of their need to take a proactive role in preventive health, especially reproductive health and maternal and child health. Strategies should focus, in part, on maximizing community participation and identifying key community figures that will be involved in the activity. Applicants should consider community groups or NGOs that would be particularly beneficial to supporting the goals and the activities of the program.

b. Improved Quality of Health Care

The current realities and the evolution of health care reform should be considered when devising strategies to improve quality of reproductive health and maternal and child health services. It will be necessary to improve and

build on what exists now; however, the end results of the program should be able to be adapted into the "new" system at some future date.

c. Donors and Local NGOs

There are various donors such as WHO, UNFPA, World Bank, Save the Children, etc. and local NGOs who are involved in the reproductive health and maternal and child health sectors. Please discuss strategies you would use to ensure collaboration with different groups. A response might include how funds and possible technical assistance would be leveraged from other donors.

d. Evaluation

This RFA contains illustrative indicators. Please describe what indicators you would consider adopting to establish your evaluation framework. Factors to consider as you design indicators and evaluation framework include:

- The identification of useful data sources (either existing or new) to track program changes.
- An implementation approach that allows for mid-program correction if evaluations indicate early approaches are not getting the desired results.

2. Management Capacity

Applicants should address the capability of their organization to manage, staff, and administer this cooperative agreement. Applicants are encouraged to consider consortium agreements and partnerships with local NGOs. The capacity to manage any partner organizations should also be discussed, including the Applicant's ability to orchestrate many complex activities that often occur simultaneously, including sub-grants and sub-contracts. The application should detail the administrative, management and financial structures and systems proposed. Critical to this are financial management procedures related to the management of sub-grants and sub-recipients. The Applicant is strongly advised to provide financial information and documentation to demonstrate its organizational capacity to: 1) assess sub-grantees capabilities; 2) approve budgets; 3) monitor advances to sub-grantees; and 4) review and verify sub-grantees' reimbursements.

3. Technical Experience

The application must include a description of the organization's technical resources and expertise. This should include a description of the organization's history, mission, international activities, current and past programming in the Central Asian Region, if any, and U.S. Government support received in the past five years, financial management and reporting systems for home and field offices, and experience in developing and managing similar programs of the type required for this cooperative agreement.

4. Staffing Plan

This program should be implemented with a mix of long-term and short-term consultants. In addition to the Project Director, the Applicant may propose up to two additional positions, one for Uzbekistan and one for Tajikistan, to be considered "key personnel" and subject to USAID approval. Of the latter, an effort should be made to use Uzbek and Tajik experts. Some of the suggested skills should include expertise in management, consensus building, development of community participation, and demonstrated experience in reproductive health and maternal and child health.

Most of the people and activities will be in the field. Consideration should be given to maintaining a small office for the Project Director in Tashkent. It is important for the Project Director to coordinate and collaborate with other donors and actors in the maternal and child health and reproductive health fields. Also, he/she will need to establish relationships and represent the project at the appropriate levels of the Ministries of Health and other government institutions, such as training institutions in Uzbekistan and Tajikistan.

The Applicant is requested to describe the role of each person proposed. Included should be present relevant work experience, professional competence, special skills, academic qualifications and Russian or Uzbek or Tajik language

skills. This information is mandatory for all the long-term positions and is desirable for the short-term experts. In the event, that staff does not have the basic language skills requested, please detail what kind of institutional support will be offered to ensure basic communication skills. When the Applicant is considering staff, they should bear in mind the following qualifications:

- Knowledge of USAID regulations and experience working with USAID overseas missions, cooperating agencies and other international funding agencies;
- Demonstrated experience and competency in reproductive health and maternal and child health programs;
- Experience in coordinating activities and multiple organizations which has produced documented results;
- Familiarity with the Central Asian Region.

COST APPLICATION FORMAT

The Cost or Business Application is to be submitted under separate cover (email) from the technical application. Certain documents are required to be submitted by an applicant in order for an Agreement Officer to make a determination of responsibility. However, it is USAID policy not to burden applicants with undue reporting requirements if that information is readily available through other sources.

The following sections describe the documentation that applicants for Assistance award must submit to USAID prior to award. While there is no page limit for this portion, applicants are encouraged to be as concise as possible, but still provide the necessary detail to address the following:

A. A copy of the program description that was detailed in the applicants program description, on a 3-1/2" diskette, formatted in Word97.

B. Include a budget with an accompanying budget narrative which provides in detail the total costs for implementation of the program your organization is proposing. The budget should but submitted using Standard Form 424 and 424A which can be downloaded from the USAID web site, http://www.usaid.gov/procurement_bus_opp/procurement/forms/sf424/;

- the breakdown of all costs associated with the program according to costs of, if applicable, headquarters, regional and/or country offices;

- the breakdown of all costs according to each partner organization involved in the program;

- the costs associated with external, expatriate technical assistance and those associated with local in-country technical assistance;

- the breakdown of the financial and in-kind contributions of all organizations involved in implementing this Cooperative Agreement;

- potential contributions of non-USAID or private commercial donors to this Cooperative Agreement;

- your procurement plan for commodities (note that contraceptives will not be provided under this Cooperative Agreement. Health commodities are subject to US source origin and may be approved on a case-by-case basis).

C. A current Negotiated Indirect Cost Rate Agreement;

D. Required certifications and representations (as attached):

E. Cost share has been recommended to be 25% of the total estimated amount. If the applicant proposes a cost share of less than 25%, it may be deemed as not responsive, and will be removed from further consideration. Applicants that provide higher amounts of cost share will be evaluated more favorably.

F. Applicants who do not currently have a Negotiated Indirect Cost Rate Agreement (NICRA) from their cognizant agency shall also submit the following information:

1. copies of the applicant's financial reports for the previous 3-year period, which have been audited by a certified public accountant or other auditor satisfactory to USAID;

2. projected budget, cash flow and organizational chart;

3. A copy of the organization's accounting manual.

G. Applicants should submit any additional evidence of responsibility deemed necessary for the Agreement Officer to make a determination of responsibility. The information submitted should substantiate that the Applicant:

1. Has adequate financial resources or the ability to obtain such resources as required during the performance of the award.

2. Has the ability to comply with the award conditions, taking into account all existing and currently prospective commitments of the applicant, non-governmental and governmental.

3. Has a satisfactory record of performance. Past relevant unsatisfactory performance is ordinarily sufficient to justify a finding of non-responsibility, unless there is clear evidence of subsequent satisfactory performance.

4. Has a satisfactory record of integrity and business ethics; and

5. Is otherwise qualified and eligible to receive a grant under applicable laws and regulations (e.g., EEO).

H. Applicants that have never received a grant, cooperative agreement or contract from the U.S. Government are required to submit a copy of their accounting manual. If a copy has already been submitted to the U.S. Government, the applicant should advise which Federal Office has a copy.

In addition to the aforementioned guidelines, the applicant is requested to take note of the following:

I. Unnecessarily Elaborate Applications - Unnecessarily elaborate brochures or other presentations beyond those sufficient to present a complete and effective application in response to this RFA are not desired and may be construed as an indication of the applicant's lack of cost consciousness. Elaborate artwork, expensive paper and bindings, and expensive visual and other presentation aids are neither necessary nor wanted.

J. Acknowledgement of Amendments to the RFA - Applicants shall acknowledge receipt of any amendment to this RFA by signing and returning the amendment. The Government must receive the acknowledgement by the time specified for receipt of applications.

K. Receipt of Applications - Applications must be received at the place designated and by the date and time specified in the cover letter of this RFA.

L. Submission of Applications:

1. Applications and modifications thereof shall be submitted via email (attachments) or may be in sealed envelopes or packages (1) addressed to the office specified in the Cover Letter of this RFA, and (2) showing the time specified for receipt, the RFA number, and the name and address of the applicant.

2. Telegraphic applications will not be considered; however, applications may be modified by written or telegraphic notice, if that notice is received by the time specified for receipt of applications.

M. Preparation of Applications:

1. Applicants are expected to review, understand, and comply with all aspects of this RFA. Failure to do so will be at the applicant's risk.

2. Each applicant shall furnish the information required by this RFA. The applicant shall sign the application and print or type its name on the Cover Page of the technical and cost applications. Erasures or other changes must be initialed by the person signing the application. Applications signed by an agent shall be accompanied by evidence of that agent's authority, unless that evidence has been previously furnished to the issuing office.

3. Applicants who include data that they do not want disclosed to the public for any purpose or used by the U.S. Government except for evaluation purposes, should:

(a) Mark the title page with the following legend:

"This application includes data that shall not be disclosed outside the U.S. Government and shall not be duplicated, used, or disclosed - in whole or in part - for any purpose other than to evaluate this application. If, however, a grant is awarded to this applicant as a result of - or in connection with - the submission of this data, the U.S. Government shall have the right to duplicate, use, or disclose the data to the extent provided in the resulting grant. This restriction does not limit the U.S. Government's right to use information contained in this data if it is obtained from another source without restriction. The data subject to this restriction are contained in sheets _____; and

(b) Mark each sheet of data it wishes to restrict with the following legend:

"Use or disclosure of data contained on this sheet is subject to the restriction on the title page of this application."

N. Explanation to Prospective Applicants - Any prospective applicant desiring an explanation or interpretation of this RFA must request it in writing within three weeks of receipt of the application to allow a reply to reach all prospective applicants before the submission of their applications. Oral explanations or instructions given before award of a Cooperative Agreement will not be binding. Any information given to a prospective applicant concerning this RFA will be furnished promptly to all other prospective applicants as an amendment of this RFA, if that information is necessary in submitting applications or if the lack of it would be prejudicial to any other prospective applicants.

O. Cooperative Agreement Award:

1. The Government may award one Cooperative Agreement resulting from this RFA to the responsible applicant(s) whose application(s) conforming to this RFA offers the greatest value (see also Section II of this RFA). The Government may (a) reject any or all applications, (b) accept other than the lowest cost application, (c) accept more than one application (see Section III, Selection Criteria), (d) accept alternate applications, and (e) waive informalities and minor irregularities in applications received.

2. The Government may award one Cooperative Agreement on the basis of initial applications received, without discussions. Therefore, each initial application should contain the applicant's best terms from a cost and technical standpoint.

3. A written award mailed or otherwise furnished to the successful applicant(s) within the time for acceptance specified either in the application(s) or in this RFA (whichever is later) shall result in a binding Cooperative Agreement without further action by either party. Before the application's specified expiration time, the Government may accept an application, whether or not there are negotiations after its receipt, unless a written notice of withdrawal is received before award. Negotiations conducted after receipt of an application do not constitute a rejection or counteroffer by the Government.

4. Neither financial data submitted with an application nor representations concerning facilities or financing, will form a part of the resulting Award.

P. Authority to Obligate the Government - The Agreement Officer is the only individual who may legally commit the Government to the expenditure of public funds. No costs chargeable to the proposed Cooperative Agreement may be incurred before receipt of either a fully executed award or a specific, written authorization from the Agreement Officer.

SECTION B - SELECTION CRITERIA

The criteria presented below have been tailored to the requirements of this particular RFA. Applicants should note that these criteria serve to: (a) identify the significant matters which applicants should address in their applications and (b) set the standard against which all applications will be evaluated. To facilitate the review of applications, applicants should organize the narrative sections of their applications in the same order as the selection criteria.

The technical applications will be evaluated in accordance with the Technical Evaluation Criteria set forth below. Thereafter, the cost application of all applicants submitting a technically acceptable application will be opened and costs will be evaluated for general reasonableness, allowability, and allocability. To the extent that they are necessary (if award is made based on initial applications), negotiations will then be conducted with all applicants whose application, after discussion and negotiation, has a reasonable chance of being selected for award. Awards will be made to responsible applicants whose applications offer the greatest value, cost and other factors considered.

Awards will be made based on the ranking of proposals according to the technical selection criteria identified below.

A. Mandatory Criteria

The criteria is listed in relative order of importance, the first factor being relatively more important than the second and so.

Applications must satisfy this criterion to be eligible (e.g. responsible) for further consideration.

a) The applicant must be a U.S. Non-Government Organization (NGO) or an public international organization or other type of legal entity accredited or able to obtain accreditation to operate in Central Asia.

b) Some level of Cost-sharing, Matching Arrangement, and/or In-kind Contribution from non-U.S. Federal level sources is required. The Agency's policy is to set a target of 25%. The exact amount (percentage) may vary but successful applicants are anticipated to include those presenting some level of non-USG funding.

B. Weighted Criteria

Below are the significant technical and cost factors. The Government will select proposal(s) that it determines present the greatest over value but reserves the right not to select any proposals for funding. These criteria reflect the technical merit of the Applicant's detailed proposal. The numerical rating of 100 points has been allocated to five components:

I. Technical Approach and Strategies (40 points)
II. Management Capacity (15 points)
III. Technical Experience (15 points)
IV. Staffing Plan (20 points)
V. Budget (10 points)

Each of the five components has sub-elements and key concepts, and is linked to the programmatic guidance and priorities in Section C, Articles II.C, III.C, V, and VII. Section C, Article IV, which is the discussion of goal, objectives and results, also contains detailed information on these mandatory areas. Applicants should refer back to these sections when developing applications.

Specific point values are assigned to each component but are not broken down across the sub-elements and key concepts. If Applicants fail to include information on any of the required areas, their overall rating will be decreased. Given the constraints of length, Applicants are encouraged to be concise in their discussion. If a particular issue is overly complex for discussion within the allotted length, Applicants should make references to their intended strategies and then flesh out details after award. Applicants are encouraged to use their creativity and describe other strategies and approaches in addition to responding to the mandatory areas. The review panel will welcome suggestions for innovative strategies that will enable the program results to be obtained. However, bear in mind that the response must be contained within a 40-page narrative and a five-page implementation plan, as per earlier instructions in Section A.

I. TECHNICAL APPROACH AND STRATEGIES (40 POINTS)

A. Improved Quality of Reproductive Health and Primary Health Care Services

- Sound vision of an effective system for improvement of services .
- Implementation plan
- Well-reasoned prioritization of program components, matching need with appropriate intervention and linkages. Logic of the overall sequencing of implementation.

B. Informed Population

- Plan to provide health care information to communities, including men.

C. Donor and Local NGOs. Partners

- Outreach strategies to Donors and NGOs.

D. Evaluation

- Illustrative indicators

II. MANAGEMENT CAPACITY (15 POINTS)

- Proposed organizational, administrative, management and financial structure of Applicant as well as any partner organizations.
- Ability to orchestrate many complex activities.
- Organizational capacity to manage sub-grants.

III. TECHNICAL EXPERIENCE (15 POINTS)

- Experience and demonstrated success in providing reproductive health and maternal and child health services and evidence of ability to harness lessons learned in order to build upon them.
- Capacity to 1) engage governmental and non-governmental stakeholders on several levels to achieve desired objectives; 2) deliver technical assistance and training; and 3) transform various inputs into an improved quality of health care.

IV STAFFING PLAN (20 POINTS)

- Qualifications and experience of personnel who will serve in key positions. The Project Director must be highly skilled in building consensus and have demonstrated clinical and management expertise.

V. BUDGET (10 POINTS)

- Funding allocation (program vs. administration)
- Cost sharing.

SECTION C - PROGRAM DESCRIPTION

Expanding Reproductive Health and Maternal and Child Health Services in Uzbekistan and Tajikistan

I. Introduction

The United States Agency for International Development (USAID) Regional Mission for Central Asia is continuing and deepening its support for reproductive health and maternal and child health through this Request for Applications (RFA). Through this RFA, USAID is soliciting applications for an effective approach to expand primary health care services particularly reproductive health to women and children in selected areas of Uzbekistan and Tajikistan. Funding for this program will be $7.4 million for three years. USAID may, at a later date, decide to extend this time period and add additional funding. Of this amount, approximately $5 million will be for Uzbekistan and approximately $2.4 million for Tajikistan. Applicants should include specifics in their applications on how they would allocate $500,000 for equipment from the Uzbekistan budget and $400,000 from the Tajikistan budget. A very small amount of funding will be available for limited activities in Turkmenistan. Applicants are not expected to include Turkmenistan in their technical proposal as the activities and funding will be decided at a later date.

General Background

The human costs of transition are most evident in the deteriorating health conditions for the people of Central Asia. The average life span has decreased and infant and child mortality rates are rising. A resurgence of serious, life-threatening infectious diseases is a concern. Access to voluntary family planning remains limited and high rates of abortion continue.

While the Soviet health care system addressed the needs of the whole population, it did so in a fragmented and costly manner that relied on specialized facilities with large staffs and prolonged hospitalizations. If a family needed health services, the mother went to a women's hospital for her reproductive health needs, the children to a children's polyclinic or hospital, and the father to a general hospital or clinic. For infectious diseases, the family was referred to other facilities. No single doctor or facility had a clear sense of any patient's overall health needs or access to all their health records; a family often needed to visit more than half a dozen doctors and hospitals for routine needs. In Central Asia, health services were mandated, managed, and subsidized from Moscow. Health care was supposedly free, although families often had to pay for medicines and priority care as well as having the inconvenience of multiple visits to multiple facilities for basic health care. This was a costly and unsustainable system in the best of circumstances.

The comprehensive health care system inherited from the Soviet Union has rapidly deteriorated since independence and could be described as relatively stagnant in Uzbekistan and continuing to deteriorate in Tajikistan. In Soviet Union times, great priority was attached to optimizing the health of women and children. By contrast, the current health status of women and children in Uzbekistan and Tajikistan has clearly declined.

In Uzbekistan, the UNICEF 2000 Multiple Indicator Cluster Survey (MICS) estimates the infant mortality rate at 52 per 1,000 live births. The 1996 Uzbekistan Demographic and Health Survey indicated that 78% of women and children tested had some degree of anemia. Postpartum hemorrhage appears to be a common complication following delivery.

In Tajikistan, where the health system verges on collapse following independence and civil war, the infant mortality rate is variously estimated from 69 to 116 per 1,000 live births. Maternal mortality was reported as 67

per 100,000 live births in 1998, but the high percentage of home deliveries makes women's deaths difficult to count. Maternal mortality has been estimated as high as 200 per 100,000 live births.

A recent assessment of the status of obstetric, neonatal and reproductive health care in Uzbekistan and Tajikistan identified many problems with the quality of care given. Diagnosis and management of anemia, pregnancy-induced hypertension and postpartum hemorrhage were lacking in scientific basis, including use of incorrect, harmful or useless medications. Many routine practices in obstetric and neonatal care were noted to be unnecessary and wasteful of resources, such as pre-labor enema, routine episiotomy, division of women into separate wards for low-risk and high-risk categories, shut down of delivery units for prolonged periods to disinfect them. Care of women with their newborns was observed to be neither family-centered nor particularly supportive. Staff had had little or no continuing education since independence.

In Tajikistan, problems were more acute with 50 to 90 percent of women delivering at home due to inability to pay informal fees, lack of transport, and poor condition of facilities. Facilities lacked running water, had no heat in the winter, little electricity, few drugs and very little equipment. Most reproductive health facilities had been stocked out of contraceptives for two years or more. The cost of an IUD plus insertion was noted to be double the cost of a mini-abortion.

II. Uzbekistan

II. A. Background

With a population of 25 million, Uzbekistan is the most populous and militarily the strongest of the Central Asian republics and is situated in the geographic heart of the region, bordered by the four other Central Asian countries, as well as Afghanistan. Uzbekistan, while embracing neither economic nor political reform, remains stable, strongly supporting its social sector.

The unwillingness of the leadership to introduce market-oriented reforms continues to hamper economic development. The gross domestic product (GDP) per capita income is $488, with at least 10 percent unemployment and rising inflation. Despite considerable and varied resources and basic infrastructure, poverty, and under-employment and disinvestment are increasing. According to World Bank estimates, one-third of annual profits from small private enterprises is channeled as protection and bribes. Citizens remain poorly informed, and their participation in economic and political life is restricted, particularly at the national level. Despite public statements from the highest level of the government promising legal and judicial reform and protection of the independent media, there are few tangible changes. Nevertheless, progress does continue in building a vocal and effective non-governmental organization (NGO) community, particularly at the local level.

Uzbekistan's health system has a network of medical establishments at the primary, secondary, and tertiary levels, all working under the Ministry of Health.

The new health system being developed by the Government of Uzbekistan (GOU) with assistance from the World Bank and USAID at the rayon (district) level consists at the primary level of an SVP (a primary health center) staffed by a family doctor, nurses, and midwives. The secondary level will be the rayon polyclinic including maternity houses, and the third level the rayon hospital.

In most of the country, including target regions for this project, health reform has not been implemented or only partially implemented. In these regions, the existing rayon health system consists of a FAP at the first level of contact, which is staffed by a feldsher (a doctor's assistant), a midwife, a nurse, and a cleaner.

The second level of services consists of SVAs and SUBs. The average SVA is staffed with doctors, nurses, midwives, feldshers, and a lab nurse. Each SVA serves an average of 2,000-3000 people. A SUB is a small rural hospital, and is usually staffed by doctors, a midwife, nurses, a dentist, and a laboratory technician. The third level of services consists of rayon polyclinics and the central rayon hospital.

Each rayon has polyclinics that provide ambulatory care. Usually there is one for adults and one for children. They may have as many as 25 different specialists. Polyclinics have beds where patients can be observed for the day.

The central rayon hospital provides inpatient care to the entire rayon. The regional (oblast) hospital provides tertiary care to the oblast. Patients are referred to the oblast hospital from the central rayon hospital. However, most of the patients seen are from the city and the neighborhood area.

Uzbekistan has a high natural growth rate, explained by a high birth rate – 22.3 per 1000 in 1999, and a low death rate – 5.3 per 1000. As a result, 41 percent of the total population is under 15 and 12 percent of the population is under five years of age. (UNICEF 2000 Multiple Indicator Cluster Survey) (MICS). Although the official infant mortality rate is 22.3 per 1,000 live births, the MICS estimate is 52 per 1,000. The vast majority (97 percent) of the population over age 16 is literate. Sixty-three percent of the population lives in rural areas.

According to the MICS, current use of contraception was reported by 67 percent of married or in union women. The most popular method is the IUD, which is used by more than half of married women. Approximately 22 percent of children aged under four months are exclusively breastfed. At age 6-9 months, 45 percent of children are receiving breast milk and solid or semi-solid foods.

One of the primary methods of birth control in the Central Asia Region is induced abortion. Despite some indications that the number of induced abortions has declined in recent years, the abortion issue remains a great concern because of the prevalence of complications and the overall adverse effects on women's health. Of the women of reproductive age, 16 percent have had at least one abortion. Among this 16 percent, 49 percent have had more than one abortion.

Anemia is very common in Uzbekistan. The 1996 Uzbekistan Demographic and Health Survey indicated that 78 percent of women and children tested had some degree of anemia. Iron tablets, the recommended treatment for anemia, are relatively expensive and must be purchased by the families. Because of cost and established treatment practices, iron tablets are rarely prescribed for time periods sufficient to increase hemoglobin levels of women with severe anemia. Another problem is that anemia testing equipment used in government facilities appears to be providing unreliable results.

II. B. Current Situation

Uzbekistan has been implementing a health reform demonstration in three rayons (districts) of Ferghana Oblast (Besharik, Yazyavan, and Kuva) since 1998. Primary health care is being strengthened by: a) creating new independent primary care structures (SVPs) staffed by general practitioners who can provide comprehensive primary care to the population; b) providing clinical training and equipment to SVPs; c) introducing new methods of financing and management to give primary health care facilities greater control over their resources; and d) increasing community involvement in health care activities. The health reform program is being implemented jointly by the Uzbekistan Ministry of Health, local government organizations, and the World Bank with technical assistance provided by USAID through ZdravPlus/Abt Associates. ZdravPlus/Abt Associates plans in 2003 to roll-out the financing and management elements of the rural PHC reform model to include all of Ferghana Oblast and selected rayons in Andijon and Syrkhandarya Oblasts. The World Bank may provide a

second health loan that includes equipment, training, and financing and management reforms to SVPs throughout Uzbekistan.

While the government is supportive in principle of health reform, in recent years it has devoted more attention to emergency care, constructing and equipping modern emergency care centers and training medical staff in emergency services. As a matter of policy, the government provides emergency drugs free of charge, while highly cost-effective primary health care drugs, such as contraceptives and TB drugs, are only available free when donors provide them as "humanitarian assistance".

Currently all contraceptives are provided by donors, although the GOU is making its first ever tender for contraceptives that will supply 10% of the national annual need. UNFPA and KfW are the major donors and it is estimated that there are enough contraceptives in the country to last for approximately one year.

II. B.1.USAID Programs in Maternal and Child Health/Reproductive Health

--Quality Primary Health Care: USAID is working in primary health care (PHC) in pilot sites in Ferghana Oblast and providing limited technical assistance in finance and management in SyrDarya and Navoi Oblasts. USAID is increasing the scope of PHC services available in maternal and child health and infectious disease, and improving health care quality for consumers. Quality initiatives include pilots to improve reproductive health and postpartum care, and appropriate prescription of drugs. USAID supports mass media campaigns and development of health promotion materials for use by PHC clinics, to better inform people how to stay healthy. USAID is strengthening health sector NGO capacity through organizational development assistance. NGOs are also increasing their skills to serve people. Entire communities are benefiting from innovative education on anemia, breastfeeding, and children's health. To better finance and promote competition and efficiency, USAID is designing and implementing incentive based provider payment methods and developing management and health information systems to improve financial and management decision making. A second Demographic Health Survey (DHS) will be completed in 2002. (Implementing organizations include Abt Associates/ZdravPlus, Counterpart Consortium, MACRO International, and PRIME.)

--Health Partnerships: USAID supports the developing of primary health care partnerships in the areas of emergency care and community nursing. USAID is working at the national level and in a pilot site in the Ferghana Oblast. The emergency care partnership between Emory University in Atlanta, Georgia and the Republican Center for Emergency Medicine in Tashkent utilizes the practical expertise from U.S. health providers to upgrade the quality of urgent medical care in the Uzbekistan health system. This partnership also offers exchanges and training seminars. A nursing partnership has been developed between the Uzbekistan Ministry of Health, USAID, and MASHAV in which groups of primary health care nurses are intensively trained in community nursing for one month in Israel and on return, supported to expand their roles, particularly in health education. USAID helped establish a Women's Wellness Center in Tashkent, which in turn helped establish another Women's Wellness Center where women are charged for services. (Implementing organizations include American International Health Alliance and MASHAV.)

II.B.2 Other Activities in Maternal and Child Health

The information below only includes activities that relate to reproductive health and maternal and child health.

Asian Development Bank under its regional program is providing grant funding to the MOH for adding iodine to salt and fortification of foods with iron and other micro-nutrients.

Central Asian Free Exchange (CAFÉ) is working in Andijan Oblast. They are working on nutrition issues with the community, developing secondary school health curricula and teaching trainers to teach others to use the curricula, training midwives and beginning a joint training of general practitioners with ZdravPlus.

Department for International Development (DfID)/Know-How Fund has worked in conjunction with the World Bank as part of the health reform effort. They are supporting family practitioner training and hospital rationalization in Uzbekistan. Also, DfID has supported pharmaceutical sector reform. This includes development of drug policies, establishment of a pharmaceutical department with the Ministry of Health, drug registration, improvement in prescribing practices, development of essential drug lists, and rational pharmaceutical management.

Project HOPE with support from a USAID Washington Child Survival Grant is working in Navoi Oblast to improve maternal and child health status. The project has three major interventions, breastfeeding, reproductive health, and the integrated management of childhood illnesses (IMCI).

The **Japanese Government** has provided hard currency for the Vaccine Independence Initiative (VII) and supplied cold chain equipment, oral rehydration salts, pharmaceutical, and laboratory and hospital equipment.

KfW – German Development Bank has supported health sector reform in Uzbekistan since 1995 and they have provided some contraceptives. They will support a new reproductive health/family planning program for 2002-2003.

Medecins San Frontieres (MSF)/Holland have trained physicians and the community on acute respiratory infection and diarrheal disease treatment and prevention in Karakalpakstan for the past two years.

Sabo is a local NGO that works in and around Tashkent. Its activities have focused primarily on commercial sex workers.

Soros Foundation has provided support for reproductive health education at the community level, assisting the Ministry of Health to improve its data collection around maternal and child health indicators, and assisted in some bread fortification. They also support a needle exchange program.

The United Nations Population Fund (UNFPA) with assistance from KfW has provided contraceptives to the GOU. UNFPA also supports training for provincial health officials, obstetrics/gynecologists, family doctors and midwives. They have also provided some equipment to clinical facilities and assisted in the development and dissemination of clinical guidelines. UNFPA has helped the Ministry of Health to establish a network of Reproductive Health Centers.

The United Nations Childrens' Fund (UNICEF) is providing CDD/ARI drugs to several of the highest priority oblasts in Uzbekistan. Until 2002 Uzbekistan can procure vaccines through UNICEF's procurement mechanism as part of the Vaccine Independence Initiative.

The World Health Organization (WHO) is supporting Promoting Effective Perinatal Care (PEPC) plans and with UNICEF is supporting the Integrated Management of Childhood Illnesses (IMCI) initiative.

The WORLD BANK Health Project supports the Government of Uzbekistan in health reform. The project has three components: 1) Primary Health Care Services which provides funding for construction and renovation of SVPs, equipment for SVPs, drug distribution, and laboratory development; 2) Training of general practitioners and universal nurses; and 3) Strengthening financing and management within primary health care.

II.C. Current Problem Identification and Constraints

II.C.1. Quality of Health Care

In some oblasts in Uzbekistan, health reform has strengthened the delivery of reproductive health and maternal and child health services. However, in other oblasts little has been done to update the skills of the service providers at the various delivery levels. Training of feldshers, midwives, nurses, and doctors is needed in areas such as safe motherhood, promoting effective perinatal care (PEPC), danger signs during pregnancy, Integrated Management of Childhood Illness (IMCI), Life Saving Skills, anemia prevention and treatment, counseling, identification and treatment of sexually transmitted diseases, , and reproductive health. Also, where health reform has not rolled out, basic equipment and supplies are needed at the primary health care level.

In Uzbekistan, most women deliver in hospitals. Under health reform a link was not always made between the SVP or primary health care point and the Maternity House or Maternity Department of a hospital. This linkage needs to be established. A woman should receive quality care at all stages of her pregnancy, i.e., prenatal, labor, delivery, and postpartum. Doctors and nurses should not only provide quality clinical care, but they should also provide moral support in a friendly understanding atmosphere. Women need to be well informed about both their and their baby's special needs and the danger signs during pregnancy when medical attention should be sought. Maternity Houses and Departments should provide the basic services and support that women and their babies need for an optimal outcome of the pregnancy and labor. These should include rooming-in, immediate breastfeeding, modern evidence-based maternal and child health care, and supportive labor.

Anemia is a serious problem in Uzbekistan and women cannot always afford the supplemental iron tablets recommended to treat their anemia. Physicians tend to recommend the same treatment for all anemic women regardless of the level of their anemia. A small limited formative research activity needs to be conducted to determine the extent of moderate and severe anemia among pregnant women, the extent to which laboratory results are over- or underestimating the problem, and the most appropriate treatment for particular levels of anemia.

Postpartum hemorrhage is a common complication. For example, in one oblast last year, 15% of women in the oblast capital and 30% in the rest of the oblast reportedly received transfusions post-delivery (Blood Bank Statistics-Syrkhandarya Oblast). Reduction of postpartum hemorrhage and consequent reduction in transfusions of potentially unsafe blood is desirable.

II.C.2 Informed Population

Prior Soviet systems were heavily top-down and doctor-dictated; the patient was merely a recipient in his or her health care, never a participant. Now citizens are encouraged to take responsibility for their own state of health, but to do that they need information to make decisions. This information can be provided by health promotion campaigns, outreach programs, and primary health care providers. Community activities provide an opportunity to reach both men and women on issues such as violence against women, reproductive health, and maternal and child health issues, such as the danger signs of pregnancy, delivery and the postpartum period, breastfeeding, and treatment of diarrhea.

III. Tajikistan

III.A. Background

At independence in 1991, Tajikistan, located in the southeastern corner of Central Asia, just north of Afghanistan, was the poorest of all the Soviet Republics. Despite this, the country had relatively high human development indicators, reflecting the legacy of social development achieved during the Soviet period. Life expectancy at birth averaged 70 years and adult literacy was almost universal. In common with other countries of the Soviet Union, the health care system was characterized by universal entitlement to comprehensive and free, but inefficient, health care with excess human and physical infrastructure. Health care utilization rates were high and differences across groups in terms of access to health services were negligible.

Since independence, Tajikistan has experienced a major reversal in both economic and social development. The economic upheaval accompanying transition from a planned to market-led economy, the disruption of traditional trading partnerships, and the withdrawal of subsidies from Moscow following the break-up of he former Soviet Union, has resulted in a dramatic drop in GNP and central government expenditures. The country also experienced a civil war in 1992-3, followed by a long period of civil unrest that only ended with the signing of a peace agreement in 1997. During this time extensive damage was inflicted upon the country's economy and infrastructure.

Health services have deteriorated rapidly in the face of severe financial constraints, exacerbated by extensive damage to infrastructure during the civil war. Health care expenditure as a percentage of GDP in Tajikistan has dropped from 6.4 percent in 1994 to 1.5 percent in 1999 and real spending on health care is now less than a tenth of its pre-independence level. Doctors are paid approximately $2.50 per month, and nurses about $1.50. One effect of the lack of funding for health care is the pervasive expectation of public officials at all levels, including the Ministry of Health, for under-the-table payment for services, or other rewards such as promotions, or jobs. Also, contraceptives provided through humanitarian aid to the public sector often leak into the private sector and are eventually sold in private pharmacies.

The precipitous decline in real government expenditures has eroded the capacity of the health care system to provide effective and accessible medical care to the public. After salaries have been met, there are few resources left for drugs and food, let alone maintenance or reconstruction. A facility survey in two rayons (districts) in early 1999 found that half of all FAPs (physician assistant/midwife posts) and SVAs (rural physician clinics) did not have adequate functioning cold-chain equipment, two-thirds were unable to conduct growth monitoring, and over half had no oral rehydration salts in stock at the time of the survey.

Two-thirds of maternity homes are now without heating and water. In the winter most appear to have electricity for only two to four hours a day. Because of conditions at some of the small rural hospitals, women are being sent home the same day after delivery. Some of the maternity houses or small rural hospitals are unable to furnish food so the woman's family must provide food. Women almost always must pay the doctor for his or her services and, in some cases, they must also provide their own bed linens.

With the collapse of the health information system, it is difficult to be confident in the accuracy of any of the official data. The introduction of registration fees precludes poor families (the majority of the population) from recording births and deaths. Moreover, while Tajikistan in 1995 issued an order that the WHO definition of live births be adopted, this definition is not systematically used. Tajikistan's infant mortality rates are under-estimated since the prevailing Soviet definition does not count premature and low birth weight babies who do not survive the first week. Further, it is in the interests of hospitals not to record neo-natal mortality.

With that caveat regarding official data, the maternal mortality rate was 67 per 100,000 live births in 1998, the infant mortality rate was 23 per 1,000 live births in 1998 and the fertility rate in 1995 was 3.7. The World Bank, using survey data , estimated the real levels for infant mortality as nearly three times the official rate,

making it approximately 69 per 1,000 live births and this is a low estimate. Some put the current rate at 116 per l,000 live births and the UNICEF Multiple Indicator Cluster Survey (2000) suggested it was 89 per 1,000. If the same level of under-reporting is true of maternal mortality, then the level of maternal mortality may be around 200 per 100,000 live births. Most maternal deaths in Tajikistan are directly related to pregnancy: 38 percent due to hemorrhage; 27 percent toxemia; 11 percent sepsis; and 8 percent unsafe abortion.

A 2000 nutrition survey by Save the Children done in Shaartuz, Vose, Darband, and peri-urban Dushanbe showed that 42.1 percent of the children were stunted, 26.5 percent underweight and 5.5 percent wasted, with the figures higher in rural as opposed to urban areas. A 2001 nutrition survey in all regions of the country indicate that 17 percent of the children surveyed had acute malnutrition (moderate and severe) and 37 percent chronic malnutrition.

Current use of contraception was reported by 34 percent of women in union according to the UNICEF Multiple Indicator Cluster Survey (2000). Of these, most used modern methods, and about one-fifth used traditional methods such as withdrawal, periodic abstinence, and the Lactation Amenorrhea Method (LAM) The most popular method is the IUD, which is used by one in four married women. Contraceptive prevalence is highest in GBAO at 63 percent and Sughd at 51 percent. Slightly less than a quarter of married women in Khatlon use contraception.

A large number of women-headed households exist in Tajikistan. During the civil war, approximately 60,000 people were killed. Estimates of men who go to Russia for work range from 500,000 to one million. According to the USAID Representative National Nutrition Survey (October/November 2001), remittances account for between 3.3 percent and 9 percent of income. In all regions with the exception of Sughd, the majority of people who have left the country do not send back funds. In Sughd Oblast where remittances were reported as the main source of income for 9 percent of households, only 36.4 percent of migrants have not sent back any money. This compares with 68.7 percent in Kurgan Tebe, 65.8 percent in Kulyab, and 56.4 percent in the Region of Republican Subordination (RRS).

III.B. Current Situation

The World Bank through its Primary Health Care Project and WHO with support for the Somoni Health Reform Group are assisting the Republic of Tajikistan in health reform. These projects, while significant for the long-term future of health care, are having little impact outside their immediate pilot sites. The World Bank is working in the pilot rayons of Varzob (RRS) and Dangara (Kulyab Zone, Khatlon Oblast) and WHO is working in Leninski (RRS) and Bakhtar (Kurgan Tebe Zone, Khatlon Oblast).

The government is very supportive of reproductive health and recognizes the relationship between sustainable economic growth and the population growth rate. The President of Tajikistan on 20 February 2002 gave a very strong speech supporting family planning and called for close cooperation with the international community to address this problem.

The government also recognizes the fact that home deliveries are growing and until the economic situation and the health care system are drastically improved the trend will continue. The head of the Somoni Group agreed in a meeting that not only midwives but also traditional birth attendants should be trained.

Contraceptives are not included in the Essential Drug List by the Ministry of Health; therefore no funds are allocated in the budget for purchase and supply of contraceptives. All contraceptives provided through the Ministry of Health program are provided through humanitarian aid. Currently there are almost no

contraceptives in health facilities in Tajikistan. UNFPA has contraceptives in Tajikistan that will soon be distributed, but only to pilot sites.

III.B.1. USAID Programs in Maternal and Child Health/Reproductive Health

--Quality primary health care: USAID is working with the Ministry of Health to create a more cost effective health care system that improves families' access to equitable, efficient and quality primary health care services. The new family doctor system is based on the successful Kyrgyzstan model, which focuses on improving the quality, incentives, and the budgetary resources for primary health care services. USAID is training midwives to safely manage home deliveries in rural areas, educating women to recognize danger signs in pregnancy, providing training to students and families in basic health education, preventing malnutrition and promoting access to primary health care among the rural population. In collaboration with the World Bank, USAID is providing technical assistance in health financing and health information systems. (Implementing organizations include Abt Associates/ZdravPlus, Action Against Hunger, Aga Khan Foundation, and CARE.)

--Health Partnerships: The Republican Training Center for Family Medicine (RTCFM) in Dushanbe is re-training family doctors USAID will continue to support the RTCFM through visits from the University of North Dakota. The RTCFM has graduated from a long-term partnership program, but will continue to be supported at intervals through partner visits from the University of North Dakota . (Implementing organization is the American International Health Alliance.)

III.B.2. Other Activities in Maternal and Child Health

The information below only includes activities that relate to reproductive health and maternal and child health.

Aga Khan Foundation is working in the Gorno-Badakhshan Autonomous Oblast (GBAO). They are implementing the Maternal and Child Nutrition and Integrated Communications Project through a USAID/Washington Child Survival Grant. The project has several interventions: the development, testing and implementation of approaches to multi-micro-nutrient supplementation; the production, promotion and distribution of iodized salt, and involvement of the community in a growth monitoring and promotion campaign. They are also providing essential equipment to FAPS and HIV/AIDS testing kits to the Khorag oblast laboratory.

Asian Development Bank under its regional program is providing a grant to the MOH for the iodization of salt and fortification of foods with iron and other micro-nutrients. A new three- to five-year loan is being discussed that will support health reform. The new program should start in 2003.

Care International is training midwives and nurses in Basic Lifesaving Skills, and providing them simple delivery kits. They are also training volunteers and responsible persons in reproductive health, danger signs of pregnancy, STIs, and contraceptives in Varzob. In Bakhtar they are providing food aid to pregnant and breastfeeding women. With support from USAID, the **Bill Gates Foundation, Columbia University, and the Government of Japan,** CARE is training 140 midwives in the areas of Emergency Obstetric Care and Basic Lifesaving Skills and rehabilitating the maternity departments in Varzob, Leninski, and Bakhtar.

Medecins Sans Frontieres (MSF) is working in six rayons in the Karategin valley. MSF is training feldshers, midwives, and nurses in Safe Motherhood. They are also training doctors to insert IUDs. Some minor funds have been provided for renovations and equipment for maternity houses and maternity departments.

Mercy Corps is doing preventive health education in the rayons of Garm, Jirgital, and Tajikibad in the Rasht Valley and Sughd Oblast. The goal of the project is to decrease the risk of morbidity and mortality from communicable diseases by teaching appropriate health-seeking and preventive behaviors of primary caregivers, children, and the community at large in selected villages.

Pharmaciens Sans Frontieres is distributing essential drugs to selected sites, conducting some training, and warehousing the contraceptives purchased by UNFPA. PSF may also distribute the contraceptives.

Save the Children, with support from a USAID/Washington Child Survival Grant, is working in rural Panjikent, Sughd Oblast to improve maternal and child health status. The project has five interventions: acute respiratory infection care; control of diarrheal diseases; immunization; maternal and newborn care; and nutrition education. Save the Children also collaborated with CARE to train 45 Panjikent midwives in Basic Lifesaving Skills.

Soros Foundation has a small project on harm reduction working with commercial sex workers and drug users. They helped establish a Maternal and Child Health Center that serves as a training and information center.

United Nations Development Program (UNDP) under the Reconstruction and Rehabilitation Development Project is rehabilitating maternity departments in Sovetskii.

UNFPA supports the strengthening of reproductive health information services, strengthening the capacity of the Ministry of Health and Reproductive Health Centers (being implemented by WHO) and strengthening adolescents' knowledge of reproductive health (being implemented by the local NGO Gender and Development). UNFPA is also providing limited contraceptives to pilot sites (Dangara, Kulyab Zone, Khatlon Oblast; Muskovski, Kulyab Zone, Khatlon Oblast; Isfara, Sughd Oblast; and Kanibadam, Sughd Oblast).

UNICEF is supporting a community-based maternal child health program in Shabrinau Rayon and training of trainers in "Essential Obstetric Care." UNICEF also funds two IMCI pilot sites in Varzob and Leninski Rayons (RRS).

WHO. The Somoni Health Reform Group supported by WHO has three goals, develop a master plan for health reform, develop and train staff needed to provide primary health care services and health reform, and implement the health reform in pilot rayons. Pilot sites include: Varzob and Leninski (RRS); Dangara (Kulyab Zone, Khatlon Oblast; and Bakhtar (Kurgan Tebe Zone, Khatlon Oblast). WHO is also supporting the Promoting Effective Perinatal Care (PEPC) initiative in Tajikistan.

World Bank. The World Bank's Primary Health Care Project will test a model of health care delivery, focused on primary health care with new payment systems to improve service delivery, and quality health care. The project has four components: 1) training of family doctors and nurses; 2) rehabilitation of PHC centers; 3) health care financing; and 4) management and institutional capacity building within the Ministry of Health.

III.C. Current Problem Identification

III.C.1 Quality of Care

Because of the meltdown of the health care system and for economic reasons, fewer women are using the maternal health services in Tajikistan. The proportion of women consulting a doctor in connection with their last pregnancy has fallen from 95 percent ten years ago to 77 percent in 1999. Furthermore, there have been significant changes in both the type of person providing assistance at delivery, as well as the place of delivery,

with a clear shift away from giving birth in a health facility toward giving birth at home. (Falkingham, Jane, Inequality in Access to Health Care in Transition: the case of maternal health services in Tajikistan. No date.). While it varies by region, the estimate of women who give birth at home ranges from 50 percent to 90 percent. Midwives, feldshers, and traditional birth attendants are neither adequately trained to provide the quality of care needed nor do they have the basic equipment and supplies they need. Also, in some areas, traditional birth attendants do not have the needed linkage or backup assistance from midwives, feldshers, or doctors when they encounter complications in a delivery.

The Government of Tajikistan depends on humanitarian aid to provide contraceptives. At the moment there are almost no contraceptives in health facilities and women have to buy contraceptives from local pharmacies or doctors purchase IUDs from pharmacies and charge the women for the contraceptive plus an insertion fee. The prices for these services based on anecdotal information range from less than $2 to approximately $4.50. UNFPA has purchased limited contraceptives for some of the pilot projects in Tajikistan. Contraceptives will need to be supplied to the project site(s). The contraceptives needed include oral contraceptives, IUDs, injectables, and condoms.

The Government with assistance from WHO and the World Bank is training family doctors to staff the new primary health care centers; however, currently few family doctors are in place. The doctors, nurses, feldshers, and midwives who are providing basic primary health care under very difficult situations need additional knowledge and skills to both treat and counsel clients. These include but are not limited to safe motherhood, promoting effective peri-natal care (PEPC), Integrated Management of Childhood Illness (IMCI), Life Saving Skills, anemia, counseling, and reproductive health. Also, some of the lower level health care facilities need basic equipment and supplies.

Women head many of the households in Tajikistan, and there are high malnutrition rates among both children and women. Activities or programs such as micro-credit or home gardens are needed to increase the income or supply of food available to families, especially those households headed by women.

III.C.2. Informed Population

Community programs are one of the best way to promote awareness and to gain commitment by the people for change. Community involvement will allow the community to identify priority issues and work together to find solutions. One problem identified by several communities is the lack of transportation to the nearest hospital. Also, communities can become strong advocates for improved primary health care.

Citizens need information to make decisions about their own health. In the past the patient was merely a recipient in his or her health care, never a participant. Through community activities it will be possible to reach men with the information they need regarding primary health care issues, including reproductive health and violence against women. As a large percentage of many women are delivering at home, they need to learn the danger signs for pregnancy, delivery, and postpartum complications. The population in general needs to know how to prevent malaria which is spreading in Tajikistan. Both men and women need to know about natural family planning for possible immediate use or, in the future, if contraceptives are not available. These are just some of areas that men and women need to be aware of to take control of their own health care.

IV. Program Strategic Objective

The strategic objective for this new program is:

Increased Utilization of Quality Primary Health Care in Select Populations

The quality of primary health care approach integrates historically vertical programs, such as maternal and child health and infectious diseases, into one comprehensive health care system at the community level. "Select populations" refers in this program to those residing in priority target regions. In the case of Tajikistan these are selected sites in Khatlon Oblast, Kulyab and Kurgan Tebe Zones and in the Region of Republican Subordination- Varzob and Leninski Rayons. In Uzbekistan selected sites are in Surkhandarya and Kashkadarya Oblasts.

While USAID is supporting overall reform of the health care delivery system, certain health issues and populations are cause for immediate concern and fall within USAID's comparative advantage to address. USAID has several programs in infectious diseases, such as tuberculosis, hepatitis and HIV/AIDS as numbers of people with these communicable diseases has rapidly increased, to epidemic proportions in the case of TB. Similarly, USAID plans an effort in maternal and child health that will improve health status of women and children within the context of on-going health reform efforts.

Program Results

The two primary intermediate results necessary to achieve the program goal are briefly described below. Each result is followed by illustrative indicators. The Applicant is asked to propose indicators to measure the achievement of results. Indicators may be different for Tajikistan and Uzbekistan.

Intermediate Result 3.2.1: Select populations are better informed about personal health care rights and responsibilities.

Desired Outcomes

--Well-informed communities who receive evidence-based culturally sensitive information on pregnancy, reproductive health and childcare that meets their needs

--Increased capacity of community NGOs and local communities to advocate for reproductive health, maternal and child health issues, and violence against women.

--Increased awareness by men and women of importance of birth spacing, breastfeeding, existence of natural family planning methods, etc.

--Increased demand creation for use of appropriate family planning methods.

Illustrative Indicators

--Percentage of women in target area that can recognize at least two danger signs each for pregnancy, delivery, and postpartum complications.

--Percentage of women receiving breastfeeding advice during pregnancy and prior to discharge from the facility after delivery.

--Percentage of adult and adolescent population in target area knowledgeable about modern contraceptive methods.

--Percent of men in pilot sites who are aware and understand importance of birth spacing and a natural family planning method.

--Percent of target population reporting that a child with diarrhea should be given increased liquids and the usual amount of food.

--Percent of target population reporting that a child should be seen by a health care worker or taken to a health care facility if any of the following signs of illness are present: diarrhea with blood in the stools; inability to drink; cough or cold with difficulty breathing; high temperature; breastfeeding poorly; or continuing to get sicker.

Intermediate Result 3.2.2: Improved quality of health care including infectious disease and maternal and child health

Desired Outcomes

--Increased capacity of midwives and traditional birth attendants in Tajikistan, as well as physicians in both countries, to provide quality care in management of deliveries and prenatal and postpartum care.

--Increased capacity of midwives and traditional birth attendants in Tajikistan, as well as physicians in both countries, to identify, manage and refer women and infants with complications

--Increased numbers of maternity houses and maternity departments that provide essential evidence-based care for pregnant and postpartum women and their infants in a supportive family-centered manner

--Increased capacity of primary health care providers to provide counseling and services regarding anemia, diarrhea, reproductive health and pre- and postpartum health.

--Increased capacity of primary health care and maternity house staff to provide evidence-based client care that meets accepted standards of infection control

--Increased access to family planning methods in Tajikistan

Illustrative Indicators

--Percentage of women with severe anemia in the third trimester

--Percentage of obstetric emergencies correctly diagnosed and managed by trained midwives/feldshers

--Percentage of women whose third stage of labor was actively managed

--Percentage of women with support from chosen companion during delivery

--Percentage of complications from home deliveries reduced.

V. Priorities for the Initiative

The successful organization must demonstrate skill at building consensus among the Ministry of Health (MOH)/NGO/donor/community involved in this effort, demonstrate strong management, and leadership capability, and must have considerable experience in the reproductive health and maternal and child health fields. Innovative approaches will be especially critical in reaching the under-served and high-risk populations. Other important priorities for the Applicant to consider include the following:

Improved Quality of Care

- Quality of care remains paramount in all its dimensions. Resources are to be used to support better provider performance and basic supplies may be provided to support training. For example, midwives could be given a basic kit and maternity houses basic equipment. Applicants should include specifics in their proposals on how they would allocate $500,000 for equipment from the Uzbekistan Country budget and $400,000 from that of Tajikistan. However, this new program will not use extensive resources to support the creation or improvement of service delivery facilities or sites, although clean and well-built service delivery centers are one element of quality.

- Within training, the importance is not so much how many people have been trained nor how many training manuals and systems have been set into place but rather provider performance and the continued, applied use of new and appropriate technologies and methods by service providers.

- Applicants are encouraged to identify their most creative approaches to the many challenges facing the broad integration of expanded services into primary health care settings.

Collaboration and Coordination

- In order to maximize the impact of limited resources, this proposed program must work in close concert with other donors. Shared planning sessions, joint workshops, and informal discussions are just some of the ways in which information can be shared.

- The governments of Tajikistan and Uzbekistan, USAID, and other donors such as WHO have invested considerable time and effort in the development of resources that are appropriate to this initiative (training curricula, educational materials, communication tools, and training of trainers and service providers). Wherever possible, these resources should be integrated into this proposed activity.

- Familiarization with health reform activities supported by the governments of Tajikistan and Uzbekistan, USAID, and other donors are important. Program implementers need to collaborate with partners and donors engaged in health care financing reforms and the integration of vertical programs into a new health delivery system.

- For cost and effectiveness reasons, involvement of NGOs or NGO networks, especially those that are working successfully at the community level is highly desirable. Also, where possible, Peace Corps volunteers should be involved in the program.

Reproductive Health

- Due to the lack of contraceptives in Tajikistan, contraceptives (including oral contraceptive pills, condoms, injectables, and IUDs) will have to be donated or purchased and distributed by the project.

- There should be an emphasis on improved counseling for informed choice so that women and men can select the most appropriate contraceptive methods.

- Voluntary sterilization remains an important option for women. USAID has previously supported training and equipment for voluntary sterilization in both Tajikistan and Uzbekistan.

- USAID's longstanding support for post-abortion care continues. Offering contraceptive services and linking women post-abortion with other reproductive health care is not in violation of the Mexico City policy governing family planning activities.

VI. Site Selection

Site selection should either challenge the program (i.e. sites where unmet need is the greatest or absolute poverty is growing) or create a supportive environment for the program to thrive. Specific sites are suggested below for Uzbekistan and Tajikistan but other site suggestions can be offered.

- Uzbekistan: Surkhandarya and Kashkadarya Oblasts

- Tajikistan: Khatlon Oblast-Kulyab and Kurgan Tebe Zones, and the Region of Republican Subordination-Leninski and Varzob Rayons

VII. Reporting Requirements/Performance Monitoring Plan

Annual Work Plans: Applicants are required to submit for approval a proposed work plan for year one within two months after award is signed and draft work plans for years two and three annually thereafter. Each work plan should contain individual work plans for each country. The Awardee will be required to submit a work plan annually. Each work plan should also contain a sub component termed a 'sustainability plan' which addresses plans and progress towards the sustainability of project activities in terms of capacity building, management, and phase out.

Progress Reports: The Awardee will be required to submit quarterly progress reports to the CTO and to relevant country Activity Managers. These performance reports will include updated data on progress towards achieving intermediate results, status of activities, a comparison of actual vs. planned accomplishments (as set forth in the work plan), and a discussion of obstacles, constraints and opportunities affecting the project during the reporting period along with plans to address these issues during the next reporting period. Reports should also include, as an addendum, success stories and digital photographs which USAID would be able to share with various stakeholders. Subsequent quarterly reports should include quarterly as well as cumulative data on totals for numerical targets. A final performance report is required within 90 days after the termination of the agreement which shall report on results accomplished during the life of the agreement, including final results for each of the indicators established in the Monitoring and Evaluation Plan, and a section on lessons learned.

Financial Reports: Quarterly financial reports shall be submitted to USAID/CAR.

Performance Monitoring and Evaluation Plan: As noted in Section VII.D.1.d., Applicants are required to submit a preliminary performance monitoring and evaluation plan in their submission. The Awardee with be required to submit a final plan no later than 90 days after the effective date of the award, that includes baseline data and performance targets linked to the project's intermediate results and indicators. Applicants are encouraged to propose sub-IRs and benchmarks if appropriate.

Program Reporting: The Recipient shall submit semi-annual performance report to the Cognizant Technical Officer. These performance reports will include updated data on progress towards achieving intermediate

results, status of activities including, a comparison of actual versus planned accomplishments (as set forth in the work plan), and a discussion of significant problems/changes that affected the program during the six month reporting period, along with plans to address those problems in the next reporting period. Semi-annual reports should also include, as an addendum, success stories and digital photographs which USAID would be able to share with various stakeholders.

VIII. MANAGEMENT STRUCTURE

The USAID Cognizant Technical Officer (CTO) for this activity will based in Almaty. There will also be a USAID Activity Manager in each of the three countries.

IX. GENDER CONSIDERATIONS

Gender equality will be promoted at all levels. The Awardee will be expected to report results – in terms of trainees, attendance and enrollment rates, and participation in decision making processes – in a gender-disaggregated manner to ensure that we are succeeding in this effort.

X. SUBSTANTIAL INVOLVEMENT UNDERSTANDING

USAID/CAR will participate in activities under this agreement in the following manner:

1. Approval of the key personnel, including Project Director and two additional positions, one in Uzbekistan and one in Tajikistan.

2. Approval of an annual work plan, including separate country work plans, a training plan for years two and three, annual indicator targets, and a budget describing all the activities to be funded under the agreement by USAID/CAR. Work plans, which should be prepared based on coordination meetings with USAID/CAR and other partners, should include a budget showing individual line items (e.g. salaries, travel, training expenses, etc.). It should also reflect the amount of counterpart contributions to be provided, indicating whether these are cash or in-kind contributions, and what these contributions will cover. Besides a budget, the work plan shall also describe the recipient's planned activities for the year, including a timeline with relevant milestones indicated, and include expected results, tied to the recipient's Monitoring and Evaluation Plan. Significant changes by the recipient to approved annual work plans will require additional CTO approval.

3. Approval of pilot site selection.

4. Approval of a Performance Monitoring and Evaluation Plan that will permit ongoing monitoring of progress toward the accomplishment of the agreement intermediate results, and indicators. This should be submitted within 90 of the signing of the agreement.

5. Technical concurrence on the selection of sub-award recipients not already identified in the Applicant's application and the format and generic content of such sub awards, including full participation in the sub-award selection committee.

XI. Special Provisions

XI. A. Voluntary Population Activities

XI. A.1. Voluntary Participation and Family Planning Methods

(1) The recipient agrees to take any steps necessary to ensure that funds made available under this award will not be used to coerce any individual to practice methods of family planning inconsistent with such individual's moral, philosophical, or religious beliefs. Further, the recipient agrees to conduct its activities in a manner which safeguards the rights, health and welfare of all individuals who take part in the program.

(2) Activities which provide family planning services or information to individuals, financed in whole or in part under this award, shall provide a broad range of family planning methods and services, available in the country in which the activity is conducted or shall provide information to such individuals regarding where such methods and services may be obtained.

XI. A.2. Requirements for Voluntary Family Planning Projects

(1) A family planning project must comply with the requirements of this paragraph.

(2) A project is a discrete activity through which a governmental or nongovernmental organization provides family planning services to people and for which Development Assistance funds, or goods or services financed with such funds, are provided under this award, except funds solely for the participation of personnel in short-term, widely attended training conferences or programs.

(3) Service providers and referral agents in the project shall not implement or be subject to quotas or other numerical targets of total number of births, number of family planning acceptors, or acceptors of a particular method of family planning. Quantitative estimates or indicators of the number of births, acceptors, and acceptors of a particular method that are used for the purpose of budgeting, planning, or reporting with respect to the project are not quotas or targets under this paragraph, unless service providers or referral agents in the project are required to achieve the estimates or indicators.

(4) The project shall not include the payment of incentives, bribes, gratuities or financial rewards to (i) any individual in exchange for becoming a family planning acceptor or (ii) any personnel performing functions under the project for achieving a numerical quota or target of total number of births, number of family planning acceptors, or acceptors of a particular method of contraception. This restriction applies to salaries or payments paid or made to personnel performing functions under the project if the amount of the salary or payment increases or decreases based on a predetermined number of births, number of family planning acceptors, or number of acceptors of a particular method of contraception that the personnel affect or achieve.

(5) No person shall be denied any right or benefit, including the right of access to participate in any program of general welfare or health care, based on the person's decision not to accept family planning services offered by the project.

(6) The project shall provide family planning acceptors comprehensible information about the health benefits and risks of the method chosen, including those conditions that might render the use of the method inadvisable and those adverse side effects known to be consequent to the use of the method. This requirement may be satisfied by providing information in accordance with the medical practices and standards and health conditions in the country where the project is conducted through counseling, brochures, posters, or package inserts.

(7) The project shall ensure that experimental contraceptive drugs and devices and medical procedures are provided only in the context of a scientific study in which participants are advised of potential risks and benefits.

(8) With respect to projects for which USAID provides, or finances the contribution of contraceptive commodities or technical services and for which there is no sub-award or contract under paragraph (5) of this clause, the organization implementing a project for which such assistance is provided shall agree that the project will comply with the requirements of this paragraph while using such commodities or receiving such services.

(9) (i) The recipient shall notify USAID when it learns about an alleged violation in a project of the requirements of subparagraphs (3), (4), (5) or (7) of this paragraph; (ii) the recipient shall investigate and take appropriate corrective action, if necessary, when it learns about an alleged violation in a project of subparagraph (6) of this paragraph and shall notify USAID about violations in a project affecting a number of people over a period of time that indicate there is a systemic problem in the project. (iii) The recipient shall provide USAID such additional information about violations as USAID may request.

XI. B. Voluntary Sterilization Programs

(1) None of the funds made available under this award shall be used to pay for the performance of involuntary sterilization as a method of family planning or to coerce or provide any financial incentive to any individual to practice sterilization.

(2) The recipient shall ensure that any surgical sterilization procedure supported in whole or in part by funds from this award are performed only after the individual has voluntarily appeared at the treatment facility and has given informed consent to the sterilization procedure. Informed consent means the voluntary, knowing assent from the individual after being advised of the surgical procedures to be followed, the attendant discomfort and risks, the benefits to be expected, the availability of alternative methods of family planning, the purpose of the operation and its irreversibility, and the option to withdraw consent anytime prior to the operation.

(3) Further, the recipient shall document the patient's informed consent by (i) a written consent document in a language the patient understands and speaks, which explains the basic elements of informed consent, as set out above, and which is signed by the individual and by the attending physician or by the authorized assistant of the attending physician; or (ii) when a patient is unable to read adequately, a written certification by the attending physician or by the authorized assistant of the attending physician that the basic elements of informed consent above were orally presented to the patient and that the patient thereafter consented to the performance of the operation The receipt of this oral explanation shall be acknowledged by the patient's mark on the certification and by the signature or mark of a witness who shall speak the same language as the patient.

(4) The recipient must retain copies of informed consent forms and certification documents for each voluntary sterilization procedure for a period of three years after performance of the sterilization procedure.

XI. C. Abortion Restrictions

(1) No funds made available under this award shall be used to finance, support, or be attributed to the following activities; (i) procurement or distribution of equipment intended to be used for the purpose of inducing abortions as a method of family planning; (ii) special fees or incentives to women to coerce or motivate women to have abortions; (iii) payments to persons to perform abortions or to solicit women to undergo abortions; (iv) information, education, training, or communication programs that seek to promote abortion as a method of family planning; and (v) lobbying for abortion.

(2) No funds made available under this award will be used to pay for any biomedical research which relates, in whole or in part, to methods of, or in performance of, abortions or involuntary sterilizations as a means of family planning. Epidemiologic or descriptive research to assess the incidence, extent or consequences of abortions is not precluded.

(e) Requirement for Subawards

The recipient shall insert this provision in all subsequent subawards and contracts involving family planning or population activities which will be supported in whole or in part with funds under this award.

SECTION D

U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

CERTIFICATIONS, ASSURANCES, AND OTHER STATEMENTS OF RECIPIENT [1][2]

PART I - CERTIFICATIONS AND ASSURANCES

1. ASSURANCE OF COMPLIANCE WITH LAWS AND REGULATIONS GOVERNING NON-DISCRIMINATION IN FEDERALLY ASSISTED PROGRAMS

(a) The recipient hereby assures that no person in the United States shall, on the bases set forth below, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under, any program or activity receiving financial assistance from USAID, and that with respect to the grant for which application is being made, it will comply with the requirements of:

(1) Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352, 42 U.S.C. 2000-d), which prohibits discrimination on the basis of race, color or national origin, in programs and activities receiving Federal financial assistance;

(2) Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), which prohibits discrimination on the basis of handicap in programs and activities receiving Federal financial assistance;

(3) The Age Discrimination Act of 1975, as amended (Pub. L. 95-478), which prohibits discrimination based on age in the delivery of services and benefits supported with Federal funds;

(4) Title IX of the Education Amendments of 1972 (20 U.S.C. 1681, et seq.), which prohibits discrimination on the basis of sex in education programs and activities receiving Federal financial assistance (whether or not the programs or activities are offered or sponsored by an educational institution); and

(5) USAID regulations implementing the above nondiscrimination laws, set forth in Chapter II of Title 22 of the Code of Federal Regulations.

(b) If the recipient is an institution of higher education, the Assurances given herein extend to admission practices and to all other practices relating to the treatment of students or clients of the institution, or relating to the opportunity to participate in the provision of services or other benefits to such individuals, and shall be applicable to the entire institution unless the recipient establishes to the satisfaction of the USAID Administrator that the institution's practices in designated parts or programs of the institution will in no way affect its practices in the program of the institution for which financial assistance is sought, or the beneficiaries of, or participants in, such programs.

(c) This assurance is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts, or other Federal financial assistance extended after the date hereof to the recipient by the Agency, including installment payments after such date on account of applications for Federal financial assistance which were approved before such date. The recipient recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this Assurance, and that the United States shall have the right to seek judicial enforcement of this Assurance. This Assurance is binding on the recipient, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this Assurance on behalf of the recipient.

2. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

(a) Instructions for Certification

(1) By signing and/or submitting this application or grant, the recipient is providing the certification set out below.

(2) The certification set out below is a material representation of fact upon which reliance was placed when the agency determined to award the grant. If it is later determined that the recipient knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, the agency, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.

(3) For recipients other than individuals, Alternate I applies.

(4) For recipients who are individuals, Alternate II applies.

(b) Certification Regarding Drug-Free Workplace Requirements

Alternate I

(1) The recipient certifies that it will provide a drug-free workplace by:

(A) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the applicant's/grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(B) Establishing a drug-free awareness program to inform employees about--

1. The dangers of drug abuse in the workplace;

2. The recipient's policy of maintaining a drug-free workplace;

3. Any available drug counseling, rehabilitation, and employee assistance programs; and

4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(C) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (b)(1)(A);

(D) Notifying the employee in the statement required by paragraph (b)(1)(A) that, as a condition of employment under the grant, the employee will--

1. Abide by the terms of the statement; and

2. Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;

(E) Notifying the agency within ten days after receiving notice under subparagraph (b)(1)(D)1. from an employee or otherwise receiving actual notice of such conviction;

(F) Taking one of the following actions, within 30 days of receiving notice under subparagraph (b)(1)(D)2., with respect to any employee who is so convicted--

1. Taking appropriate personnel action against such an employee, up to and including termination; or

2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(G) Making a good faith effort to continue to maintain a drug- free workplace through implementation of paragraphs (b)(1)(A), (b)(1)(B), (b)(1)(C), (b)(1)(D), (b)(1)(E) and (b)(1)(F).

(2) The recipient shall insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, zip code)

_____

_____

_____

_____

Alternate II

The recipient certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance in conducting any activity with the grant.

3. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS -- PRIMARY COVERED TRANSACTIONS [3]

(a) Instructions for Certification

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

4. The prospective primary participant shall provide immediate written notice to the department or agency to whom this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms "covered transaction," "debarred," "suspended," "ineligible," lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meaning set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. [4] You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.

6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is

debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," [5] provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the methods and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealing.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

(b) Certification Regarding Debarment, Suspension, and Other Responsibility Matters--Primary Covered Transactions

(1) The prospective primary participant certifies to the best of its knowledge and belief, the it and its principals:

(A) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;

(B) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(C) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(B) of this certification;

(D) Have not within a three-year period proceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

(2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

4. CERTIFICATION REGARDING LOBBYING

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, United States Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that: If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

5. Prohibition on Assistance to Drug Traffickers for Covered Countries and Individuala (ADS 206)

USAID reserves the right to terminate this [Agreement/Contract], to demand a refund or take other appropriate measures if the [Grantee/ Contractor] is found to have been convicted of a narcotics offense or to have been engaged in drug trafficking as defined in 22 CFR Part 140. The undersigned shall review USAID ADS 206 to determine if any certification are required for Key Individuals or Covered Participants.

If there are COVERED PARTICIPANTS: USAID reserves the right to terminate assistance to, or take or take other appropriate measures with respect to, any participant approved by USAID who is found to have been convicted of a narcotics offense or to have been engaged in drug trafficking as defined in 22 CFR Part 140.

6. CERTIFICATION OF RECIPIENT

The recipient certifies that it has reviewed and is familiar with the proposed grant format and the regulations applicable thereto, and that it agrees to comply with all such regulations, except as noted below (use a continuation page as necessary):

_____

_____

_____

_____

_____

HP122-02-009

Solicitation No. _____

Application/Proposal No. _____

Date of Application/Proposal _____

Name of Recipient _____

Typed Name and Title _____

_____

Signature _____ Date _____

[1] FORMATS: Rev. 06/16/97 (ADS 303.6, E303.5.6a) [2] When these Certifications, Assurances, and Other Statements of Recipient are used for cooperative agreements, the term "Grant" means "Cooperative Agreement". [3] The recipient must obtain from each identified subgrantee and (sub)contractor, and submit with its application/proposal, the Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion -- Lower Tier Transactions, set forth in Attachment A hereto. The recipient should reproduce additional copies as necessary. [4] See ADS Chapter E303.5.6a, 22 CFR 208, Annex1, App A. [5] For USAID, this clause is entitled "Debarment, Suspension, Ineligibility, and Voluntary Exclusion (March 1989)" and is set forth in the grant standard provision entitled "Debarment, Suspension, and Related Matters" if the recipient is a U.S. nongovernmental organization, or in the grant standard provision entitled "Debarment, Suspension, and Other Responsibility Matters" if the recipient is a non-U.S. nongovernmental organization.

PART II - OTHER STATEMENTS OF RECIPIENT

1. AUTHORIZED INDIVIDUALS

The recipient represents that the following persons are authorized to negotiate on its behalf with the Government and to bind the recipient in connection with this application or grant:

Name Title Telephone No. Facsimile No.

_____

_____

_____

2. TAXPAYER IDENTIFICATION NUMBER (TIN)

If the recipient is a U.S. organization, or a foreign organization which has income effectively connected with the conduct of activities in the U.S. or has an office or a place of business or a fiscal paying agent in the U.S., please indicate the recipient's TIN:

TIN: _____

3. CONTRACTOR IDENTIFICATION NUMBER - DATA UNIVERSAL NUMBERING SYSTEM (DUNS) NUMBER

(a) In the space provided at the end of this provision, the recipient should supply the Data Universal Numbering System (DUNS) number applicable to that name and address. Recipients should take care to report the the number that identifies the recipient's name and address exactly as stated in the proposal.

(b) The DUNS is a 9-digit number assigned by Dun and Bradstreet Information Services. If the recipient does not have a DUNS number, the recipient should call Dun and Bradstreet directly at 1-800-333-0505. A DUNS number will be provided immediately by telephone at no charge to the recipient. The recipient should be prepared to provide the following information:

(1) Recipient's name.
(2) Recipient'saddress.
(3) Recipient's telephone number.
(4) Line of business.
(5) Chief executive officer/key manager.
(6) Date the organization was started.
(7) Number of people employed by the recipient.
(8) Company affiliation.

(c) Recipients located outside the United States may obtain the location and phone number of the local Dun and Bradstreet Information Services office from the Internet Home Page at http://www.dbisna.com/dbis/customer/custlist.htm. If an offeror is unable to locate a local service center, it may send an e-mail to Dun and Bradstreet at globalinfo@dbisma.com.

The DUNS system is distinct from the Federal Taxpayer Identification Number (TIN) system.

DUNS: _____

4. LETTER OF CREDIT (LOC) NUMBER

If the recipient has an existing Letter of Credit (LOC) with USAID, please indicate the LOC number:

LOC: _____

5. PROCUREMENT INFORMATION

(a) Applicability. This applies to the procurement of goods and services planned by the recipient (i.e., contracts, purchase orders, etc.) from a supplier of goods or services for the direct use or benefit of the recipient in conducting the program supported by the grant, and not to assistance provided by the recipient (i.e., a subgrant or subagreement) to a subgrantee or subrecipient in support of the subgrantee's or subrecipient's program. Provision by the recipient of the requested information does not, in and of itself, constitute USAID approval.

(b) Amount of Procurement. Please indicate the total estimated dollar amount of goods and services which the recipient plans to purchase under the grant:

$_____

(c) Nonexpendable Property. If the recipient plans to purchase nonexpendable equipment which would require the approval of the Agreement Officer, please indicate below (using a continuation page, as necessary) the types, quantities of each, and estimated unit costs. Nonexpendable equipment for which the Agreement Officer's approval to purchase is required is any article of nonexpendable tangible personal property charged directly to the grant, having a useful life of more than one year and an acquisition cost of $5,000 or more per unit.

TYPE/DESCRIPTION(Generic)	QUANTITY	ESTIMATED UNIT COST

(d) Source, Origin, and Componentry of Goods. If the recipient plans to purchase any goods/commodities which are not of U.S. source and/or U.S. origin, and/or does not contain at least 50% componententry which are not at least 50% U.S. source and origin, please indicate below (using a continuation page, as necessary) the types and quantities of each, estimated unit costs of each, and probable source and/or origin, to include the probable source and/or origin of the components if less than 50% U.S. components will be contained in the commodity. "Source" means the country from which a commodity is shipped to the cooperating country or the cooperating country itself if the commodity is located therein at the time of purchase. However, where a commodity is shipped from a free port or bonded warehouse in the form in which received therein, "source" means the country from which the commodity was shipped to the free port or bonded warehouse. Any commodity whose source is a non-Free World country is ineligible for USAID financing. The "origin" of a commodity is the country or area in which a commodity is mined, grown, or produced. A commodity is produced when, through manufacturing, processing, or substantial and major assembling of components, a commercially recognized new commodity results, which is substantially different in basic characteristics or in purpose or utility from its components. Merely packaging various items together for a particular procurement or relabeling items does not constitute production of a commodity. Any commodity whose origin is a non-Free World country is ineligible for USAID financing. "Components" are the goods which go directly into the production of a produced commodity. Any component from a non-Free World country makes the commodity ineligible for USAID financing.

TYPE/DESCRIPTION	QUANTITY	ESTIMATED	GOODS	PROBABLE	GOODS PROBABLE

(Generic) UNIT COST COMPONENTS SOURCE COMPONENTS ORIGIN

(e) Restricted Goods. If the recipient plans to purchase any restricted goods, please indicate below (using a continuation page, as necessary) the types and quantities of each, estimated unit costs of each, intended use, and probable source and/or origin. Restricted goods are Agricultural Commodities, Motor Vehicles, Pharmaceuticals, Pesticides, Rubber Compounding Chemicals and Plasticizers, Used Equipment, U.S. Government-Owned Excess Property, and Fertilizer.

TYPE/DESCRIPTION (Generic) QUANTITY ESTIMATED UNIT COST PROBABLE SOURCE PROBABLE ORIGIN INTENDED USE

(f) Supplier Nationality. If the recipient plans to purchase any goods or services from suppliers of goods and services whose nationality is not in the U.S., please indicate below (using a continuation page, as necessary) the types and quantities of each good or service, estimated costs of each, probable nationality of each non-U.S. supplier of each good or service, and the rationale for purchasing from a non-U.S. supplier. Any supplier whose nationality is a non-Free World country is ineligible for USAID financing.

TYPE/DESCRIPTION (Generic) QUANTITY ESTIMATED UNIT COST PROBABLE SLUPPIER (Non-US Only) NATIONALITY RATIONALE for NON-US

(g) Proposed Disposition. If the recipient plans to purchase any nonexpendable equipment with a unit acquisition cost of $5,000 or more, please indicate below (using a continuation page, as necessary) the proposed disposition of each such item. Generally, the recipient may either retain the property for other uses and make compensation to USAID (computed by applying the percentage of federal participation in the cost of the original program to the current fair market value of the property), or sell the property and reimburse USAID an amount computed by applying to the sales proceeds the percentage of federal participation in the cost of the original program (except that the recipient may deduct from the federal share $500 or 10% of the proceeds, whichever is greater, for selling and handling expenses), or donate the property to a host country institution, or otherwise dispose of the property as instructed by USAID.

TYPE/DESCRIPTION(Generic) QUANTITY ESTIMATED UNIT COST PROPOSED DISPOSITION

6. PAST PERFORMANCE REFERENCES

On a continuation page, please provide a list of the ten most current U.S. Government and/or privately-funded contracts, grants, cooperative agreements, etc., and the name, address, and telephone number of the Contract/Agreement Officer or other contact person.

7. TYPE OF ORGANIZATION

The recipient, by checking the applicable box, represents that -

(a) If the recipient is a U.S. entity, it operates as [ ] a corporation incorporated under the laws of the State of, [ ] an individual, [ ] a partnership, [ ] a nongovernmental nonprofit organization, [ ] a state or loc al governmental organization, [ ] a private college or university, [ ] a public college or university, [ ] an international organization, or [ ] a joint venture; or

(b) If the recipient is a non-U.S. entity, it operates as [ ] a corporation organized under the laws of _____ (country), [ ] an individual, [ ] a partnership, [ ] a nongovernmental nonprofit organization, [ ] a nongovernmental educational institution, [ ] a governmental organization, [ ] an international organization, or [ ] a joint venture.

8. ESTIMATED COSTS OF COMMUNICATIONS PRODUCTS

The following are the estimate(s) of the cost of each separate communications product (i.e., any printed material [other than non- color photocopy material], photographic services, or video production services) which is anticipated under the grant. Each estimate must include all the costs associated with preparation and execution of the product. Use a continuation page as necessary.

Attachment A

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION LOWER TIER COVERED TRANSACTIONS

(a) Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

4. The terms "covered transaction," "debarred," "suspended," ineligible, "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, has the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. 1/ You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.

5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier covered Transaction," 2/ without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Non procurement List.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

(b) Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions

(1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

(2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Solicitation No. _____

Application/Proposal No. _____

Date of Application/Proposal _____

Name of Applicant/Subgrantee _____

Typed Name and Title _____

_____

Signature _____

1/ See ADS Chapter 303, 22 CFR 208.

2/ For USAID, this clause is entitled "Debarment, Suspension, Ineligibility, and Voluntary Exclusion (March 1989)" and is set forth in the USAID grant standard provision for U.S. nongovernmental organizations entitled "Debarment, Suspension, and Related Matters" (see ADS Chapter 303), or in the USAID grant standard provision for non-U.S. nongovernmental organizations entitled "Debarment, Suspension, and Other Responsibility Matters" (see ADS Chapter 303).

KEY INDIVIDUAL CERTIFICATION NARCOTICS OFFENSES AND DRUG TRAFFICKING

I hereby certify that within the last ten years:

1. I have not been convicted of a violation of, or a conspiracy to violate, any law or regulation of the United States or any other country concerning narcotic or psychotropic drugs or other controlled substances.

2. I am not and have not been an illicit trafficker in any such drug or controlled substance.

3. I am not and have not been a knowing assistor, abettor, conspirator, or colluder with others in the illicit trafficking in any such drug or substance.

Signature: _____

Date: _____

Name: _____

Title/Position: _____

Organization: _____

Address: _____

_____

Date of Birth: _____

NOTICE:

1. You are required to sign this Certification under the provisions of 22 CFR Part 140, Prohibition on Assistance to Drug Traffickers. These regulations were issued by the Department of State and require that certain key individuals of organizations must sign this Certification.

2. If you make a false Certification you are subject to U.S. criminal prosecution under 18 U.S.C. 1001.

PARTICIPANT CERTIFICATION NARCOTICS OFFENSES AND DRUG TRAFFICKING

1. I hereby certify that within the last ten years:

a. I have not been convicted of a violation of, or a conspiracy to violate, any law or regulation of the United States or any other country concerning narcotic or psychotropic drugs or other controlled substances.

b. I am not and have not been an illicit trafficker in any such drug or controlled substance.

c. I am not or have not been a knowing assistor, abettor, conspirator, or colluder with others in the illicit trafficking in any such drug or substance.

2. I understand that USAID may terminate my training if it is determined that I engaged in the above conduct during the last ten years or during my USAID training.

Signature: _____

Name: _____

Date: _____

Address: _____

_____

Date of Birth: _____

NOTICE:

1. You are required to sign this Certification under the provisions of 22 CFR Part 140,Prohibition on Assistance to Drug Traffickers. These regulations were issued by the Department of State and require that certain participants must sign this Certification.

2. If you make a false Certification you are subject to U.S. criminal prosecution under 18 U.S.C. 1001.

FORMATS: Rev. 06/16/97 (ADS 303.6, E303.5.6a) When these Certifications, Assurances, and Other Statements of Recipient are used for cooperative agreements, the term "Grant" means "Cooperative Agreement". The recipient must obtain from each identified subgrantee and (sub)contractor, and submit with its application/proposal, the Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion -- Lower Tier Transactions, set forth in Attachment A hereto. The recipient should reproduce additional copies as necessary. See ADS Chapter E303.5.6a, 22 CFR 208, Annex1, App A. For USAID, this clause is entitled "Debarment, Suspension, Ineligibility, and Voluntary Exclusion (March 1989)" and is set forth in the grant standard provision entitled "Debarment, Suspension, and Related Matters" if the recipient is a U.S. nongovernmental organization, or in the grant standard provision entitled "Debarment, Suspension, and Other Responsibility Matters" if the recipient is a non-U.S. nongovernmental organization.